

Desperate measures

Under pressure to repay microcredit loans meant to pull them out of poverty, Bangladeshis are selling the only asset they have left – their own organs. SOPHIE COUSINS reports.

Mohammad Mehedi Hasan didn't know what a liver was when he was told that removing part of it would be a 'noble act'.

The 24-year-old, who lives in Molamgari village six hours north of Bangladesh's capital, Dhaka, was promised 700,000 taka (\$9,000) for the operation that reportedly would save the life of a Singaporean man.

The patient died two days after the operation and Hasan received only a fraction of the money he was promised.

'I have been left without knowing how much of my liver was taken out,' he says as he explains how he was taken to Dhaka for the operation at a private clinic.

'After the operation I raced home and after two days I got the news that the patient had died. I thought that I would be OK after I had part of my liver removed, but sometimes I have pain in my chest and I have to urinate more than 50 or 60 times a day.'

A thriving industry

This is the harsh reality for some living in rural Bangladesh.

It is widely known that the organ-trafficking industry has been thriving throughout South Asia for decades. But less known is that some are turning to the trade in desperation

as a means of repaying their multiple microcredit loans.

Microcredit has been hailed as a saviour for millions of impoverished people around the world. Developed initially in Bangladesh, it aims to break the cycle of poverty by providing collateral-free loans to stimulate income-generating activities, particularly in the field of agriculture and with particular focus on women.

However, the inability of microfinance institutions to check whether borrowers have multiple loans, and its rigid weekly or monthly repayment structures, are rarely heard about. Mohammad Akhtar Alam lifts up his shirt to reveal a 38-centimetre-long scar on his stomach where he had a kidney removed. As he reaches for the jar of sweets that sits above his head in his small shop in the rural village of Kalai, he winces in pain.

He is partially paralysed – a direct result of poor post-operative care.

A couple of years ago, Alam's income from driving a van was not enough to meet the weekly loan repayments he was required to make from up to eight different NGO microcredit lenders. He met a man known as Abdul who worked as a broker – the middle person between an organ donor and recipient – who convinced him he could pay off his loans with just one 'simple' procedure.

'I told [Abdul] that I was very poor and that for business purposes I had loans from seven or eight NGOs such as BRAC [formerly Bangladesh Rural Advancement Committee] and ASA [Association for Social Advancement]. I owed about 100,000 taka [\$1,300] which I could not repay. I used to try to sell furniture and cooking equipment to try to return the money.'

Alam agreed to Abdul's proposal and underwent the procedure at Birdem private hospital in Dhaka. He was promised 400,000 taka (\$5,000) but, like Hasan, he returned home with only a small percentage of the payment.

'I agreed to sell my kidney because I couldn't repay the money to the NGOs. We are poor and helpless, so we are bound to do this. I regret it,' he says.

Kidney transplants were first undertaken in Bangladesh in 1982, and the black market began not long after. In 1999, the Bangladesh parliament passed the Organ Transplant Act, which imposes a ban on trading body parts. The Act also makes it illegal to place advertisements for organ sellers in newspapers.

Under the law, transplants are only legal between relatives and between husband and wife. However, illegal transplants continue to happen under the radar as brokers forge passports and other documents pretending the donor and recipient are relatives.

Under pressure

Professor Monir Moniruzzaman from the Department of Anthropology at Michigan State University has been researching the industry for more than a decade.

While he is unable to determine the extent of the link between organ trafficking and microcredit, he believes it is widespread.

'A lot of people's debt from NGOs has spiralled out of control. Because they cannot repay the loans, there is only one way for people to get out and that is to sell their kidneys,' he says.

Moniruzzaman alleges that NGO officials from Grameen Bank, BRAC and ASA, among others, pressure organ sellers into repaying loans, resorting to tactics such as sitting all day at the defaulter's house, verbal harassment and threatening to file a police case.

'One of the sellers mentioned that he left his village and lived in Dhaka for about a year because he couldn't face the NGO officials,' he says.

'The social and economic pressure from NGOs was unbearable, so he decided to sell his kidney to pay off his loan.'

Although Grameen Bank and ASA did not wish to comment on the allegations, BRAC's Mohammad Ariful Hoq says repayments for their 4.3 million clients are 'not a very big issue'.

But he admits there is no way to determine whether a borrower has multiple loans, meaning that lenders are not able to determine a borrower's risk.

'You'll find people who are taking three loans from different organizations. There is a 30-per-cent overlap for microfinance institutes in Bangladesh.'

'[But] we don't have a central credit bureau to check. We can't enter information into a computer like commercial banks can,' he adds.

According to BRAC's policy, if a borrower fails to make a repayment within 15 days, a loan officer will determine whether the default is wilful or not. In addition, borrowers are subjected to a 27-per-cent declining interest rate (ie a rate which goes down as the loan is paid off) – considerably higher than a bank

loan. Other NGOs have similar interest rates and repayment policies.

Hoq denied that a link exists between microcredit and organ trafficking.

The profit motive

Dr Amer Khan from Malaysia's Swinburne University of Technology believes microcredit has become more profit-oriented. He argues that commercialization pressures are increasingly affecting poverty-alleviation attempts.

'Everybody would like to say MFIs [micro-finance institutions] are alleviating poverty; nobody would like to say that they're there for purely commercial reasons,' he says. 'But it can be abused. I won't say it is the be-all and end-all in terms of development. Let's not make it a panacea, let's not call it the ultimate tool.'

Khan says the industry must invest in technology to prevent over-indebtedness.

'A bank at least tries to ensure that you are not over-indebted, but in the microfinance field there is no such thing: there is no self-regulation.'

Monir Moniruzzaman says the effects of organ trafficking are devastating.

'There is no safeguard as to where the organs are coming from and how safe they are and, on the other hand, the sellers' health deteriorates after the operation,' he says.

'Now not only kidneys, but livers too have entered the market. The question has been raised: how far can we go? The new medical technology is ethically complicated. Profit often trumps ethics.'

In the meantime, 45-year-old Mohammad Moqarram Hossen, from Kalai, ushers me to sit down on a rickety chair out of the blistering heat, as a crowd of people gather around to listen to our conversation.

'I took the decision I had to return the money I borrowed from the NGOs,' he says, as he describes how he was taken to Bangalore, India, for a kidney-removal procedure a few years ago.

'I can't do any heavy work any more. I used to work as a farmer. Now my two sons have to work.'

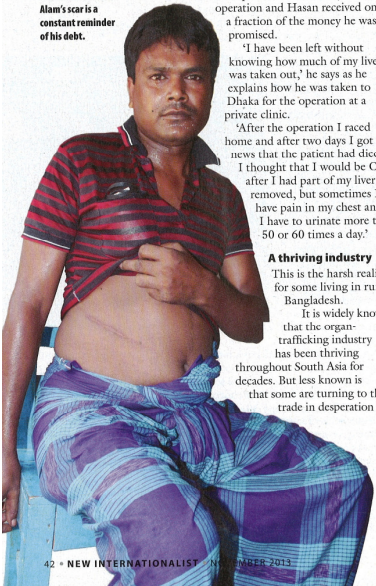
While microcredit may have helped to empower millions around the world, borrowers in rural Bangladesh provide a rare insight into the devastating effects of an unregulated industry.

And as the demand for human organs continues to rise, so too will the consequences for those who have little choice but to sell. ■

Sophie Cousins is a freelance Middle East correspondent based in Beirut.

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Mohammad Akhtar Alam's scar is a constant reminder of his debt.



Sophie Cousins